

2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)			Part 2. SNAP*/TANF/ FDPIR Case Number (if any) For EACH Student	
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	If your child(ren) have a Case Number please ENTER BELOW for each student. Skip to Part 6.	
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	

Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call (your school, homeless liaison, migrant coordinator at phone #) Homeless ☐ Migrant ☐ Runaway ☐

Part 4. Foster Child
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ _____. **Skip to Part 6.**

Part 5. Total Household Gross Income —You must report *HOW MUCH* and *HOW OFTEN*

1. Name (List everyone in household including children in school)	2. Check if NO Income	3. GROSS INCOME and HOW OFTEN it was received <i>Example: \$50—monthly \$50—twice a month \$50—every other week \$50—weekly</i>							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income	
		How Much	How Often	How Much	How Often	How Much	How Often	How Much	How Often
(example) Jane Smith	<input type="checkbox"/>	\$200	weekly	\$150	weekly	\$100	monthly	\$	
1.)	<input type="checkbox"/>	\$		\$		\$		\$	
2.)	<input type="checkbox"/>	\$		\$		\$		\$	
3.)	<input type="checkbox"/>	\$		\$		\$		\$	
4.)	<input type="checkbox"/>	\$		\$		\$		\$	
5.)	<input type="checkbox"/>	\$		\$		\$		\$	
6.)	<input type="checkbox"/>	\$		\$		\$		\$	
7.)	<input type="checkbox"/>	\$		\$		\$		\$	
8.)	<input type="checkbox"/>	\$		\$		\$		\$	

Part 6. Signature and Social Security Number (Adult MUST sign)
An adult household member must sign the application. If Part 5 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Must Sign here: X _____ **Print name:** _____ **Date:** __/__/__

Social Security Number: ____ - ____ - ____ ☐ **I do not** have a Social Security Number

Address: _____ **APT#** _____ **Phone #:** (____) ____ - ____

Part 7. Children's racial and ethnic identities (optional)

Choose one ethnicity <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Don't fill out this part. This is for school use only. ☐ **Error-Prone** ☐ **Directly Certified – Attach to match result**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \$ _____ **Per:** ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year **Household size:** _____

☐ Case # Application **Eligibility:** ☐ Free, ☐ Reduced, ☐ Denied -- Reason: _____ **Date Withdrawn:** __/__/__

☐ Temp. Free – Zero Income (45 days) ☐ Temp. Free – homeless/migrant/runaway (30 days) **Temporary Free Expires:** __/__/__

Determining Official's Signature: _____ **Date:** __/__/__ **Date Notice Sent:** __/__/__

Confirming Official's Signature: _____ **Date:** __/__/__

Follow-up Official's Signature: _____ **Date:** __/__/__ ☐ **Selected for Verification (see attachment)**

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	\$20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	+6,919	+577	+134

***SNAP:** Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”